PTO/SB/05 (11-00)
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		MI22-2266					
First Inventor		Yongjun Jeff Hu					
Title	Methods of Fo	rming Metal Silicide					

(Only for new nonprovisional application	Expres	Express Mail Label No. 118 17 13 6						
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231					
1. X Fee Transmittal Form (e.g., (Submit an original and a duplicate for f) 2. Applicant claims small entity See 37 CFR 1.27. 3. X Specification [Interpretation of the inverse of the i	(<i>if</i> a. pg b.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper						
- Detailed Description		9.	X Assignment Pap	ers (cover s	heet &	document(s))		
 Claim(s) Abstract of the Disclosure 	e	10.	37 CFR 3.73(b) (when there is a		X	Power of Attorney		
4. X Drawing(s) (35 U.S.C. 113)) [Total Sheets 6	յ [11.[English Transla	tion Docume	ent <i>(if a</i>			
5. Oath or Declaration	[Total Pages 2] 12.	X Information Dis- Statement (IDS		X	Copies of IDS Citations		
a. X Newly executed (original	nal or copy)	13.	13. Preliminary Amendment					
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)			14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	INVENTOR(S) ached deleting inventor(s)	15.	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
named in the prior ap	plication, see 37 CFR	16.	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35					
1.63(d)(2) and 1.33(b).		or its equivalen	t				
6. Application Data Sheet. Se	ee 37 CFR 1.76	17.	17. X Other: Check for fees					
18. If a CONTINUING APPLICATION,		upply the req	uisite information belo	ow and in a p	orelimii	nary amendment,		
or in an Application Data Sheet under		P)	of prior application No.:	,				
	uminer	• •	Group Art Unit:					
For CONTINUATION OR DIVISIONAL APP	S only: The entire disclosure o		lication, from which ar					
Box 5b, is considered a part of the disci The incorporation <u>can only</u> be relied upo	osure of the accompanying cor n when a portion has been ina	ntinuation or d dvertently omit	ivisional application an ted from the submitted	id is hereby i I application i	ncorpoi parts.	rated by reference.		
	19. CORRESPO							
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below								
Name David C	G. Latwesen, Ph.D.; W	ells St. Joh	n P.S.					
Address		-						
		State	ate Zip Code					
Country	7	elephone	509-624-4276	Fá	ax	509-838-3424		
Name (Print/Type) David (G. Latwesen, Ph.D.	Reg	istration No. (Attor	ney/Agent)	38,5	33		
Signature Dav		Date June 26, 2003						

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FEE TRANSMITTAI for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$)1,972.00

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Co	omplete if Known				
Application Number	Filed herewith				
Filing Date					
First Named Inventor	Yongjun Jeff Hu				
Examiner Name					
Group / Art Unit					
Attorney Docket No.	MI22-2266				

METHOD OF PAYMENT (check one)	METHOD OF PAYMENT (check one) FEE CALCULATION (continued)							
1. X The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES							
— indicated lees and credit any overpayments to:	Larg Fee	e Entit Fee	y Sma Fee	II Entit Fee	•	Description	•	Fee Paid
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Deposit Account Wells St. John P.S.	127	50	227	25	Surcharge - late cover sheet.	provisional III	ing tee or	0.00
Account Name Wells St. John P.S.	139	130	139	130	Non-English spe	cification		0.00
Charge Any Additional Fee Required		2,520		2,520	For filing a reque		nination	0.00
△ Under 37 CFR §§ 1.16 and 1.17	112	112 920* 112 920* Requesting publication of SIR prior to				prior to	0.00	
2. X Payment Enclosed:	113	1,840*	113	1 840	Examiner action Requesting public		after	
X Check Order Other	'''	1,040	110	1,040	Examiner action			0.00
FEE CALCULATION	115	110	215	55	Extension for rep Extension for rep			0.00
1. BASIC FILING FEE	116	380	216		·	•		0.00
Large Entity Small Entity	117	870	217	435	Extension for rep	•		0.00
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	l	1,360	218	680	Extension for rep	•		0.00
101 690 201 345 Utility filing fee 750.00	128	1,850	228		Extension for rep	•	month	0.00
106 310 206 155 Design filing fee	119	300	219		Notice of Appeal			0.00
107 480 207 240 Plant filing fee	120	300	220		Filing a brief in s		арреаі	0.00
108 690 208 345 Reissue filing fee	121	260	221		Request for oral Petition to institut	•	o proceeding	0.00
114 150 214 75 Provisional filing fee	138	1,510	138		Petition to revive		•	0.00
SUBTOTAL (1) (\$) 750.00	140	110	240	55	Petition to revive			
2. EXTRA CLAIM FEES		1,210	241	605	Utility issue fee (ui .	0.00
Fee from	142	1,210 430	242 243	605 215	Design issue fee			0.00
Extra Claims below Fee Paid Total Claims 81 -20" = 61 × 18 = 1098	144	580	244	290	Plant issue fee			0.00
Independent A 3** = 1 x 84 Q4	122	130	122	130	Petitions to the C	Commissioner		0.00
Claims Hultiple Dependent =0	123	50	123	50	Petitions related	to provisional	applications	
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Ir	nformation Dis	sclosure Stmt	0.00
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581	40	581	40	Recording each	natont accion	ment ner	0.00
Code (\$) Code (\$)					property (times r			40.00
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submissi (37 CFR § 1.129		rejection	0.00
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149	690	249	345	For each addition			
109 78 209 39 ** Reissue independent claims					examined (37 CF	FR § 1.129(b))	0.00
over original patent	Other	fee (sp	ecify)					0.00
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)					0.00
SUBTOTAL (2) (\$) 1,182.00 • Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00					.00			
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) David G. Latwesen, Ph.D. Registration No. (Attorney/Agent) 38,533 Telephone 509-624-4276					4276			
Signature Signature		1. morrie	y, riggi	<u>v</u>		Date	Tune 26	

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